

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN285AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2009
NAME OF PROVIDER OR SUPPLIER MAR-VON SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 300 LA RUE AVE RENO, NV 89509		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28384 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 10/13/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 18 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness. The census at the time of the survey was 15. Ten resident files were reviewed and five employee files were reviewed. One discharged resident file was reviewed. The Facility received a grade of D. The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Surveyor: 28384	Y 103		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 Based on record review on 10/13/09, the facility failed to ensure 1 of 5 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #4 - missing a two-step TB skin test) for the protection of all residents. Severity: 2 Scope: 3	Y 103			
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 10/13/09, the facility failed to ensure 2 of 5 caregivers met background check requirements (Employee #4 - missing fingerprints, State and FBI background reports and #5 - missing State and FBI background check reports). Severity: 2 Scope: 2	Y 105			
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.	Y 178			

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Y 178	Continued From page 2 This Regulation is not met as evidenced by: Surveyor: 28384 Based on observation of the facility on 10/13/09, the facility failed to ensure the wall tiles in 1 of 2 bathrooms were well maintained. The main bathroom located in the hallway across from bedroom #6 had mold/mildew in the grout area. Severity: 2 Scope: 3	Y 178		
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division. This Regulation is not met as evidenced by: Surveyor: 27626 Based on observation, interview and record review on 10/19/09, the facility failed to ensure the kitchen complied with the standards of NAC 446:	Y 255		

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Y 255	<p>Continued From page 3</p> <p>Raw eggs were stored next to ready-to-eat vegetables, which poses a risk of cross-contamination.</p> <p>A badly dented can of chestnuts was found in the dry storage area, which can result in foodborne illness if the product is consumed.</p> <p>Potentially hazardous food was not being properly cooled, which leads to the rapid growth of microorganisms.</p> <p>The person in charge did not demonstrate knowledge of food safety and sanitation procedures, and was not food safety certified.</p> <p>Food prepared in a private home, which was an unapproved source, was planned to be served to the residents.</p> <p>Prepared potentially hazardous foods were not properly labeled and dated.</p> <p>The foodhandler was not washing his hands before handling clean kitchenware and tableware, after his hands had become contaminated by soiled dishes.</p> <p>Household/non-NSF approved refrigeration units were in use in the basement, and numerous pieces of non-commercial equipment (toaster, microwave, coffee maker, rice cooker) were identified throughout the facility.</p> <p>There was inadequate lighting in the kitchen and basement storage area.</p> <p>There was no thermometer available to monitor cooking and holding temperatures.</p>	Y 255			

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Y 255	Continued From page 4 The concrete floor in the basement was not sealed. Severity: 2 Scope: 3	Y 255			
Y 812 SS=G	449.2732(1)(c) Protective Supervision NAC 449.2732 1. Except as otherwise provided in subsection 2, a person who requires protective supervision may not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (c) The resident can be protected from harming himself and other persons. This Regulation is not met as evidenced by: Surveyor: 28384 Based on observation, record review and interview on 10/13/09, the facility failed to provide adequate protective supervision for 1 of 10 Residents (Resident #10). Findings include: Resident #10 was observed sitting on the couch watching television. Resident #10 appeared oriented to time and place. Resident was observed to be wearing an ID bracelet with name and facility telephone number. The hand-written words and numbers in black marker, were blurry	Y 812			

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Y 812	Continued From page 5 and difficult to read. Resident #10 had lived at the facility since 9/16/08 with a primary diagnosis of Parkinson's disease. Resident's physician wrote an order on 7/13/09 to closely monitor Resident #10 to prevent wandering. Review of a facility incident report dated 8/13/09 revealed the caregiver had last seen Resident #10 at 2:00 PM and at 2:30 PM he was discovered missing. A caregiver went around the block to look for Resident #10 and was unable to find him. The police were called and a missing person search was initiated. Resident #10 was eventually found at a house down the street. In interviews, Resident #10 stated that he enjoyed going for walks. Employees #1 and #2 explained that resident liked to take walks and occasionally they would have one of the employees take resident for a walk so that resident would be less likely to try to walk alone. Employees #1 and #2 stated caregivers monitor resident every 15 minutes to assure that Resident #10 does not walk away from the facility as Resident #10 gets confused and then lost. The facility was unable to provide documentation of these checks. Severity: 3 Scope: 1	Y 812			
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a	Y 859			

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Y 859	Continued From page 6 general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 10/13/09, the facility failed to ensure that 1 of 10 residents received an initial physical (Resident #5). Severity: 2 Scope: 1	Y 859			
Y 876 SS=E	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Surveyor: 28384 NRS 449.037 Adoption of standards, qualifications and other regulations. 6. The Board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 and 454.213 to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups. The regulations must require	Y 876			

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Y 876	Continued From page 7 at least the following conditions before such assistance may be given: (b) The amount of the medication prescribed is at a maintenance level and does not require a daily assessment. Based on record review and interview on 10/13/09, the facility assisted 2 of 10 residents with their medications without obtaining written instructions indicating the specific symptoms for which the medication is to be administered, the exact amount of medication and the frequency of administration (Resident #8 - Risperidone, 1-2 tablets at bedtime for sleep with diagnoses of Alzheimer's Disease, depression and dementia and Resident #9 - Oxycodone, 1-2 tablets every 6 hours as needed for pain with diagnoses of post traumatic stress disorder, depression, poly substance abuse and suicidal thoughts). Severity: 2 Scope: 2	Y 876			
Y 883 SS=E	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by: Surveyor: 28384 Based on interview and record review on 10/13/09, the administrator failed to ensure 3 of 10 resident physicians were notified within 12	Y 883			

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Y 895	Continued From page 9 Lovastatin, Aspirin, Vitamin B-12, Citalopram, Exelon Patch, Levothyroxine, and Acetaminophen; Resident #9 - Albuterol Inhaler, Oxycodone, and Lactulose). Severity: 2 Scope: 2	Y 895			
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 10/13/09, the facility failed to ensure 1 of 10 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #3 - two-step TB skin test) which affected all residents. Severity: 2 Scope: 3	Y 936			

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